

# School-Based Medicaid Program (SBMP)

## Frequently Asked Questions (FAQ)

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This document provides answers to frequently asked questions (FAQs) gathered from the SBMP program trainings held in September 2018 and from inquiries received by the SBMP Help Desk from September to November 2018. These FAQs supplement and provide clarification about information found in the **SBMP Program Guide for Local Education Agencies (LEAs)** found in the [SBMP Resource Center](#) and other official guidance. In the event that these answers conflict with other, more official guidance, the official guidance stands.

The questions are grouped by category to make your search easier. They are numbered by section for reference purposes, including if you wish to refer to them while following up with the Help Desk for additional clarification.

Resources that are referred to throughout the document can be found at the end of the FAQ. For additional questions or assistance, please contact the SBMP Help Desk by phone at (800) 535-6741 or by email at [SchoolBasedClaiming@umassmed.edu](mailto:SchoolBasedClaiming@umassmed.edu).

### Random Moment Time Study (RMTS)

- R1. Q. Should contracted or outside service providers be included for RMTS participation?  
A. Yes, LEAs must include contracted or outside practitioners in the appropriate RMTS pool if the LEA wishes to claim reimbursement for the cost. The requirements for assigning staff to an appropriate RMTS pool are the same for employed and contracted staff.
- R2. Q. Do the staff working at the chapter 766 private schools and educational collaboratives participate in RMTS?  
A. No. However, if a collaborative employee is working in a public school, they are treated like all other contracted staff (see question R1).
- R3. Q. Can LEAs include staff who are partially federally funded in the RMTS and in claims?  
A. Yes. On the RMTS participant list and in the claims and cost report, indicate the percentage of federal funding for the staff member.
- R4. Q. Can a staff member be in more than one RMTS pool?  
A. No, staff members can only be in one pool.

- R5. Q. How should an LEA decide which RMTS pool to include a staff member in who performs both Medicaid Administrative activities and Medicaid covered direct service activities?
- A. All RMTS pools (including the direct service pools) receive reimbursement in the Administrative Activity Claim for time spent providing Medicaid reimbursable administrative activities. All staff should be considered on an *individual* basis for potential inclusion in an RMTS pool. RMTS coordinators are encouraged to talk to the person directly, or to seek assistance from building-level contacts, to better understand how they spend their time. This may vary between individuals who share the same job title. Where does it make sense to put them based on how much time they spend performing activities related to Medicaid Administration and covered direct medical services? Please refer to the guidance on Medicaid reimbursable administrative activities found on pages 10-11 of the School-Based Medicaid Program Guide for Local Education Agencies available at the [SBMP Resource Center](#).
- R6. Q. Once I've determined a provider should be in a direct service pool, rather than the administrative only pool, how do I know which direct service pool they should go in?
- A. All staff should be considered on an individual basis for potential inclusion in the RMTS. Staff who are qualified to perform reimbursable medical services and for whom the LEA expects to submit interim claims for their services during the quarter should be included in the appropriate direct service pool. Pre-expansion, all direct service providers, except ABA providers, should be in the direct service pool. With expansion, effective July 1, 2019, direct service providers who the LEA has determined are expected to provide and bill for reimbursable services should be placed in pools according to the table below.

Mental / Behavioral Health	Therapy Services	Medical Services
ABA providers Counselors Psychologists Social Workers	Speech/Language providers Occupational Therapy providers Physical Therapy providers	Audiology/Hearing providers Dental Hygienists Nurses Nutritionists/Dieticians Optometrist Personal Care Service providers Physicians Medicaid Billing Personnel

- R7. Q. Can one nurse, OT, PT, or others be put into the direct services pools and others into the Administrative pool?
- A. Yes, all pool assignments should be decided based on the work activities that each individual staff member performs. For more information about how to determine direct vs. administrative, see question R5.
- R8. Q. Are LEAs required to decide which staff are submitted for the RMTS on an ongoing basis? How can LEAs do this?
- A. Yes, it is each LEA's responsibility to include appropriate staff in the RMTS and to update that information on a *quarterly* basis. Only those staff who are reasonably expected to perform reimbursable direct medical or Medicaid administrative activities during the quarter should be included. Please refer to the guidance on Medicaid reimbursable administrative activities found

in the School-Based Medicaid Program Guide for Local Education Agencies. To accomplish this task, each LEA designates at least one RMTS coordinator who is given access to the RMTS administration system for the purpose of maintaining the RMTS participant data and monitoring time study compliance for the LEA's participants.

- R9. Q. How do we fill out the participant work schedules?
- A. LEAs must specify work schedules that reflect the participants' scheduled working days and hours. LEAs are responsible for ensuring that their designated RMTS coordinator enters accurate work schedule information into the RMTS administration system. Work schedules must be reviewed and updated on a quarterly basis. As a reminder, having inaccurate work schedules negatively impacts the RMTS results and statewide revenue.
- R10. Q. What happens if the state fails to reach the required 85% participation rate in the RMTS?
- A. Participation is calculated per pool per quarter, so any pool failing to have 85% of the moments answered will fail the participation requirement for the quarter, and every unanswered moment in that pool for that quarter will be coded as non-reimbursable. This penalty will affect every LEA across the state. Additionally, any LEAs that contributed to the failure and also failed to meet the participation compliance rate in the same pool within the past two years will be unable to claim any reimbursement (direct service and administrative) for the quarter.
- R11. Q. Is there a report that shows who has responded to the RMTS?
- A. Yes. RMTS coordinators/designees have access to reports by accessing the "Random Moment Time Study Reports" section of the School Based Claiming Application. The "*RMTS Participant Moments Completed Report*" identifies completed moments. Additionally, there is a series of live reports that are provided so that RMTS coordinators can track the participation of their staff and monitor the time study.
- R12. Q. Can RMTS designees see statistics on whether their staff have completed training?
- A. Yes. RMTS coordinators or designees have access to reports by accessing the "online training" section of the School Based Claiming Application. This allows coordinators to track when each staff member has last completed the online training module and which staff have not completed the training.
- R13. Q. How many work schedules (calendars) should or can an LEA have? How should work schedules be grouped in the RMTS?
- A. There is no limit to the number of work schedules each RMTS coordinator can create. Work schedules can be customized to the individual participant level if appropriate. Building assignments of staff are not a factor when creating work schedules. Any LEA staff who share the same scheduled work days and start and end times for their shifts can be grouped together into a common schedule, regardless of work location. For example, a Tuesday/Thursday 8 a.m.–3 p.m. schedule may be shared by several practitioners even if they work in different buildings and in different types of health services. As a reminder, having inaccurate work schedules negatively impacts the RMTS results and statewide revenue.
- R14. Q. Can we change a staff member's work schedule mid-quarter?
- A. Yes, but the schedule change is not *effective* until the following quarter. The moments are generated before the quarter begins, so if a staff member's schedule has changed, and they are selected for a random moment at a time when they are no longer scheduled to work, they are

expected to answer the moment indicating that they were not scheduled to work at the time of the moment.

**R15. Q. What happens if a staff member (who is an RMTS participant) leaves mid-quarter? How does this impact the school's participation rate?**

**A.** The RMTS coordinator or designee should submit an online Change of Status (COS) request to make the change effective as of the participant's termination date. This will satisfy the participation compliance requirement for any moments assigned to the person after the date of termination, but these moments will not contribute to the usable moments quota.

**R16. Q. When is it appropriate to submit a Change of Status (COS) request?**

**A.** If a participant was working at the time of the moment, or at any time during the time study grace period of two school days, the participant is expected to answer the moment. If they were not working at the time of the moment or any time during the allowed grace period, a COS request should be submitted online by the RMTS coordinator, noting if the person was on paid or unpaid leave and the period of the leave. The accurate submission of dates during a leave when a participant was using paid time off (such as paid personal or vacation time) vs. unpaid leave time is important because paid time is partially reimbursable in the program.

**R17. Q. Can UMass provide information on staff who reported that they were not working at the time of their moment?**

**A.** RMTS coordinators or designees have access to this information directly in the "RMTS Participant Moments Completed Report" which is available in the School Based Claiming system. Coordinators can sort or filter the report in Excel to identify moments in the "Not Paid Time" status, indicating that the participant wasn't working at the time of the moment.

**R18. Q. Can UMass provide information on participants who have provided inadequate responses or who may need training? Or on staff who never report doing a reimbursable activity (so they may be inappropriate for the time study)?**

**A.** No. The reasons are  
1) CMS prohibits sharing participant responses fearing this could introduce bias, and  
2) the RMTS pools are enormous, so the average participant is only selected for one or two moments per year, so it would not be truly representative or meaningful.

**R19. Q. Is the RMTS Participant Quick Reference Guide online so I can get a copy?**

**A.** The quick reference guide is emailed to RMTS coordinators at the start of each quarter, but a copy can be requested any time from the UMass Help Desk.

**R20. Q. How can I view the online RMTS training video?**

**A.** The training video is on the RMTS website and is available to all RMTS participants. The video can be found in the top right corner of the screen indicated with the "graduation cap" training icon. RMTS coordinators can also access the training video from the School-Based Claiming website under the "Online Training" menu option.

**R21. Q. Is there a penalty for staff not being trained?**

**A.** While there is currently no direct financial penalty, untrained staff respond poorly to the RMTS, which can contribute to the results being inaccurate and cause staff to incorrectly report time as (non)reimbursable. Answers incorrectly reported as non-reimbursable hurts the RMTS and statewide revenue. Additionally, since RMTS participant training is an LEA responsibility in the program and included in the provider contract, auditors could review the training status reports to evaluate LEA compliance.

- R22. Q. Can the RMTS system track participants when the required RMTS training video has been viewed in a group setting (e.g. staff meetings)?
- A. Yes. The RMTS coordinator should email or fax the list of attendees to the UMass Help Desk so the system can be updated to indicate that the staff have attended training. The date of the group training and the name of the supervising staff member or RMTS coordinator who facilitated the training session must be indicated.
- R23. Q. Can supervisors indicated in the RMTS participant lists receive a copy of RMTS notification emails, starting with the first email sent to the participant at the time of the moment?
- A. Yes. Supervisors are automatically Cc'd on the last two "late" reminder emails. LEAs can customize which additional email notifications and reminders the "supervisor(s)" are cc'd by contacting the UMass Help Desk.

## Direct Services: Covered Services & Qualified Practitioners

- DS1. Q. Where is the most recent list of reimbursable services?
- A. MassHealth only lists which services are covered; it is up to the LEA to ensure reimbursable services requirements are met.
- The requirements that must be met are
- 1) practitioner participation in the appropriate direct service RMTS pool;
  - 2) practitioner qualifications;
  - 3) Medicaid medical necessity;
  - 4) service authorization; and
  - 5) service documentation.
- The list of Medicaid-covered services and the qualified practitioners can be located at the MassHealth [SBMP Resource Center](#).
- DS2. Q. Can LEAs be reimbursed for services provided by outside agency (contracted) personnel who see students at the school?
- A. Yes, contracted personnel are treated the same by the SBMP as directly employed staff.
- DS3. Q. How can LEAs monitor the status of a clinician's license?
- A. This information is on the [Massachusetts Division of Professional Licensure](#) website.
- DS4. Q. Under what circumstances is ABA therapy a covered service in the SBMP?
- A. ABA therapy services are a Medicaid covered service when the ABA therapy is being provided to a student who has a diagnosis of an autism spectrum disorder and the staff member providing the service actively holds the appropriate clinical license required for the type of service they are providing. Note that board certified behavior analyst (BCBA) is not a qualified practitioner. See the "Covered Services and Qualified Practitioner List" for more information. Until July 1, 2019, the service must also be provided pursuant to the student's IEP.
- DS5. Q. Are social/emotional services covered?
- A. No. As a health insurance program, MassHealth only covers health services. If the services are health-related, such as psychological counseling provided by a qualified practitioner, then they are covered. As a reminder, school adjustment counselors rarely have a clinical license that

meets the “Covered Services and Qualified Practitioner List” requirements. Services must be included in a student’s IEP until the requirement is lifted July 1, 2019.

**DS6. Q. Are psychological evaluations covered under the direct service pool?**

- A.** Beginning July 1, 2019, initial and re-evaluations for psychological services due to a mental or behavioral health condition will be a covered service. Currently, re-evaluations for continuation of psychological counseling services provided pursuant to an IEP are covered.

**DS7. Q. Are mental and behavioral health screenings covered?**

- A.** Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screenings, including mental and behavioral health screenings will be covered with program expansion as of July 1, 2019. The regulations governing EPSDT services appear in the [Administrative and Billing Regulations](#) at 130 CMR 450.140 through 150.

**DS8. Q. Who can provide the Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screening? Can guidance counselors provide this screening?**

- A.** Nurses and other behavioral staff (that is, social workers) who are licensed to do so within the scope of their practice may provide this screening. Guidance counselors can only do so if they are a licensed clinical social worker or other qualified mental/behavioral health practitioner. See the “Covered Services and Qualified Practitioner List” for more information.

**DS9. Q. If trained personnel perform screenings – vision, hearing under supervision of a nurse, are the services reimbursable?**

- A.** The service being performed must meet Medicaid qualifications and be performed by a qualified provider (who has appropriate licensure, supervision, and is acting under the scope of their license). Supervision does not substitute for licensure.

## **Direct Services: Billing Requirements**

**DS10. Q. What is an interim claim?**

- A.** An interim claim is a claim electronically submitted to MassHealth through MMIS for direct medical services delivered to a Medicaid-enrolled student when all conditions for Medicaid reimbursement have been met. The term refers to the claim itself, not the backup documentation required.

**DS11. Q. How do you submit an interim claim?**

- A.** As specified in the SBMP Guide for LEAs, LEAs are expected to submit interim bills consistent with the rules specified below:
- Claims must be submitted in electronic format in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines using the 837P claim format or through direct data entry (DDE) via the POSC.
  - LEAs may perform the billing themselves using the POSC DDE option, purchase software that will generate the required 837P claim files, or contract with a third party to perform the billing for the district.
  - Interim claims must be submitted within 90 days of the date of service and must include the appropriate procedure code and a clinically appropriate ICD-10 diagnosis code.

- DS12. Q. Does the LEA submit interim claims on behalf of contractors?
- A. Yes, interim claims are required for all services which meet Medicaid program requirements for reimbursement, regardless of whether the staff member performing the service is an employee or contractor.
- DS13. Q. Can contractors be claimed as “purchased services” in the Direct Service Cost Report?
- A. The program requires that **all staff** (contracted and employed) for whom the LEA seeks reimbursement for their costs be included in the RMTS, and that their costs are claimed directly through the staff salary and benefits section of the cost report. There are **very limited** exceptions to this rule, so specific scenarios or circumstances should be brought to the attention of the UMass Help Desk for guidance.
- DS14. Q. Since the LEA does not know the salary/benefits of the contractor, how do they submit them in an Administrative claim or in the Direct Services Cost Report?
- A. The SBMP provides reimbursement for LEA costs. Therefore, the LEAs need to report the actual expenditure incurred for the period. For outside contractors, this expenditure would be supported by invoices and payments.
- DS15. Q. Do LEAs need to submit interim billing for services provided to students placed out of district (for example, in a chapter 766 private school)?
- A. Yes. LEAs should submit interim claims for all Medicaid reimbursable services provided to all Medicaid enrolled students for whom the LEA is financially responsible.
- DS16. Q. How do the LEAs get information on services provided by private school placements so that the district can submit claims?
- A. DESE, in collaboration with the chapter 766 schools, developed a service documentation form specifically for students in out-of-district placements so the private school staff can utilize one common form for service documentation across all the different school districts financially responsible for the students placed there. This information is available in a State Director of Special Education communication regarding Mandated Form 28M/12 available at [www.doe.mass.edu/news/news.aspx?id=6695](http://www.doe.mass.edu/news/news.aspx?id=6695), dated February 23, 2012.
- DS17. Q. Should the autism diagnosis code be listed on the claim for students receiving ABA therapy?
- A. If the ABA therapy is delivered to someone with an autism spectrum disorder (ASD) diagnosis then yes, the diagnosis code should be on the claim. If the student does not have an ASD diagnosis, then the ABA therapy is not covered, and MassHealth should not be billed.

## Direct Services: Documentation Requirements for Reimbursement

- DS18. Q. Do direct service notes entered into a billing vendor’s system qualify for documentation of service delivery?
- A. The state does not require, provide, support or endorse any particular system, software or format for service delivery documentation. It is each LEA’s responsibility to ensure that service documentation exists for all services billed that adequately documents and supports all of the Medicaid requirements for reimbursement. All claims are subject to audit. LEAs are responsible for ensuring the appropriate documentation can be produced in the event of an audit or other request by MassHealth or other state or federal compliance agency. More information about documentation requirements can be found in the Direct Service Interim Claiming Guide in the

[SBMP Resource Center](#). Data elements required for appropriate documentation can also be found in *Municipally Based Health Services Bulletin 9* (October 2003) and *Municipally Based Health Services Bulletin 10* (January 2004) described on the [MassHealth provider bulletins by provider type I – N](#) page.

**DS19. Q. Do PT, OT, and speech therapists need to write a treatment plan?**

**A.** Yes, the treatment plans are required as part of therapists' license. Additionally, the plan serves as the authorization for treatment. Therapists' licensure requires that services provided must be pursuant to the treatment plan and working toward the therapy goals as specified in the treatment plan. Note that decisions made in an IEP meeting do not constitute a treatment plan.

**DS20. Q. Is the interim claim proof of service?**

**A.** No. Backup documentation (i.e. service delivery documentation/notes) is needed to prove that a service was provided.

**DS21. Q. Should the LEA submit backup documentation with the claim?**

**A.** No. If MassHealth/CMS or another entity needs the backup documentation for an audit or other inquiry, MassHealth will ask the LEA to provide the documentation. This is required under the provider contract.

**DS22. Q. Can specialists authorize treatment?**

**A.** Specialists can authorize treatment as allowed by the scope of practice of their clinical license.

**DS23. Q. How do service authorizations work with mandated screenings?**

**A.** No separate authorization is needed for standing orders from the Department of Public Health. Screenings under the EPSDT benefit do not require authorizations.

**DS24. Q. Where should LEAs file the student's medical record documentation?**

**A.** MassHealth does not mandate specifically where documentation must be retained. LEAs are responsible for compliance with all FERPA and HIPAA regulations related to the storage of protected information. It is the responsibility of each LEA to be able to produce all documentation in case of an audit according to the terms specified in Section 4.2 of the Provider Contract for the period required under 130 CMR 450.205.

## Medicaid Administrative Activity Reimbursement

**A1. Q. Are teachers of the deaf reimbursed?**

**A.** It is unlikely that they qualify for reimbursement in the Direct Services portion of the program as they need to be licensed clinicians performing reimbursable health-related services. However, they may be considered for the Administrative Only RMTS pool (and reimbursement) if they are performing reimbursable Medicaid administrative activities. Please refer to the guidance on Medicaid reimbursable administrative activities in the School-Based Medicaid Program Guide for Local Education Agencies.

**A2. Q. Is there a list of the reimbursable administrative activities?**

**A.** Please refer to the guidance on Medicaid reimbursable administrative activities found on page 10-11 of the School-Based Medicaid Program Guide for Local Education Agencies.



A3. Q. Are translation and interpretation services covered?

A. Translation and interpretation services are reimbursed as a Medicaid administrative activity and are covered when the translation/interpretation is provided so that student(s) can access a health-related service. If a translator/interpreter provides assistance to a family as part of a Medicaid outreach or MassHealth application assistance activity, that is also reimbursable as a Medicaid Administrative activity. No reimbursement is available for these services when provided for academic, educational or social services or for parents attending IEP meetings.

## School-Based Medicaid Program (SBMP) Expansion

E1. Q. If our business manager does not want our reimbursement to change and does not want to be a part of the expanded program, can our district just continue as we have been without making any changes?

A. No. Although submitting claims for reimbursement of services outside of an IEP is optional, expansion-related changes will impact all LEAs, such as the requirement to execute the amended provider contract and the re-pooling of LEA staff in the changed RMTS. If LEAs do not submit interim claims for expansion/non-IEP services, then they will not be allowed to seek reimbursement for expansion costs (such as practitioner time spent providing non-IEP services).

E2. Q. How much reimbursement can we expect with the new program?

A. This is a cost-reimbursement program. It is dependent upon each LEA's costs, number of Medicaid students, parental consent rate, and other factors such as the statewide RMTS rates in each pool.

E3. Q. Since expansion will lift the IEP requirement, will services provided above the service delivery grid time be considered reimbursable?

A. No. Services provided in excess of the frequency or duration of services authorized are not considered medically necessary and are therefore not reimbursable.

## Miscellaneous

M1. Q. Where can I learn about parental consent?

A. Parental consent requirements are available on the [DESE Special Education](#) website.

## Resources

- The following documents are available in the [SBMP Resource Center](#)
  - The School-Based Medicaid Program Guide for Local Education
  - Covered Services and Qualified Practitioner List
- [Parental Consent Guidance](#) and the [Private School Claim Documentation Guidance](#) are available from the Department of Elementary & Secondary Education
- Bulletins related to service documentation are available under [Municipally Based Health Services](#).
  - Municipally Based Health Services Bulletin 10 (January 2004)
  - Municipally Based Health Services Bulletin 19 (October 2003)
- You can check a license on the [Massachusetts Division of Professional Licensure](#) page.
- Regulations related to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (130 CMR 450.140 through 149) are available at the web page for [130 CMR 450.000: Administrative and Billing Regulations](#).